

HIE Workgroup Meeting Summary

Workgroup:	<u>Business and Technical Operations Workgroup</u>
Meeting Date:	<u>January 25, 2010</u>
Location:	<u>ACHI, Main Conference Room</u>

Agenda Items:
Introductions
Workgroup Process
Disclosure
In-kind hours value
In-kind hours tracking
Workgroup scope of work
Meaningful Use criteria
Use Case review
Workgrop meeting schedule
Discussion Highlights:
<p>Meeting was starting with member introductions including background associated with HIT/HIE and the project.</p> <p>The workgroup process was discussed with the members present. It was explained that at some point during the HIE planning and/or implementation process disclosures and conflict of interest forms will be requested of individuals participating in the workgroup process as well as members of the Executive Committee. Details are being worked out with the Project Management (PM) team and the Executive Committee to be presented to the Governor's Office for approval to execute. All participants will be kept abreast of the progress of the resolution of the issue. The tracking of "in-kind" hours was discussed and explained as the PM team is requesting that all workgroup members declare an hourly rate and tracking of time spent on this project. The PM team is tracking this information during the planning and implementation period to capture the amount of time and resources being utilized for this project and possibly use as matching funds or "in-kind" funds expended. Forms created by the PM team were circulated and requested with proposed rates for selection with a "write-in" option in case the rates presented are not appropriate. A justification was requested if this option is utilized in order for the PM team to provide explanations if requested. All information at an individual level will not be shared publicly and all reporting will be an aggregate at the workgroup level. The Governor's Office will receive a monthly project report and a summary of the "in-kind" support will be included.</p> <p>The workgroup structure and the change in workgroup co-chairs was explained. Due to illness, Claire Bailey can no longer serve as co-chair and Kym Patterson has been asked to serve in her stead. Currently, the co-chairs of this workgroup are Kym Patterson and Jim Penrod. The workgroup's project plan was reviewed with Jim Penrod prior to the first meeting and will be discussed with Kym Patterson and made available to the workgroup members for review and comment. The BTO workgroup will be staffed by Shirley Tyson and Justin Hunt (back-up).</p>

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The workgroup scope of work was reviewed and was developed based upon the ONC's FOA (cooperative agreement) with a focus on filling in gaps in strategic plan; WILL NOT BE EXECUTING HIE in next few months. The BTO workgroup will work closely with the technical infrastructure work dependencies of WGs are built into work plan and will not operate in a vacuum. The focus of the BTO must be on planning and not implementation.

Major activity of this group is to work with TI WG to determine what information needs to be shared-this is being guided by Meaningful Use and work from HISPC and use cases. Recommendations and information will be funneled to Ex. Cmte. for their final decisions. The Guiding process for tasks to carry out HIE-need to create a phased process and a proof of concept model needs to be established. The PM team will continue using consultants (Fox Systems who are working with DHS on MMIS and Medicaid).

The workgroup is focusing on meeting Meaningful Use criteria and utilizing the following:

- Levering existing state HIT/HIE infrastructure
- Strategy for using state repositories and data lists
- Strategy for phased process for HIE implementation
- Strategy for when state HIE will integrate with NHIN.

The Meaningful Use overview was given by Justin Hunt identifying the following:

- Policy Priorities
- Improving Quality of Care
- Engaging Patients and Their Families
- Public Health
- Maximizing funds available

It was stated taht wea are simply trying to lay the infrastructure for the HIE and not trying to interpret Meaningful Use. Using as a guide to make sure what we develop is in line with Meaningful Use.

Reviewed with the group were Use Cases that were a part of the Health Information Security and Privacy Collaboration (HISPC). The use cases were developed to review possible barriers to electronic HIE. A copy of the use cases were provided to the group. A discussion of what should be the focus when reviewing the scenarios was conducted. The primary focus should be based upon the data required, the entities involved in the exchange of information and the demographic information needed to reconcile patient identities.

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Patient Care Scenario A

The emergent transfer of health information between two hospitals that represent the 2 stakeholder organizations (i.e., Hospital A and Hospital B) when the status of the patient is unsure. The actors are the staff involved in carrying out the request. The ER physician is requesting the information on behalf of the Hospital A.

Stakeholder organizations and exchanges:

- ☐ Hospital emergency room in Hospital A is the organization requesting information*
- ☐ Hospital B is the organization releasing the information.*

Patient X presents to emergency room of General Hospital in State A. She has been in a serious car accident. The patient is an 89 year old widow who appears very confused. Law enforcement personnel in the emergency room investigating the accident indicate that the patient was driving. There are questions concerning her possible impairment due to medications. Her adult daughter informed the ER staff that her mother has recently undergone treatment at a hospital in a neighboring state and has a prescription for an antipsychotic drug. The emergency room physician determines there is a need to obtain information about Patient X's prior diagnosis and treatment during the previous inpatient stay.

The scenario review garnered the following discussion:

Case deals with business practices as well as intrastate issues as many patients in Arkansas travel to the Med or Texas and the state HIE will have to participate in the NHIN

Have to connect Hospital systems but there is also a pharmacy component
(Need to F/U with Pharmacy Assoc. for their representation)-Shirley
Mental health

Herschel-At what point can we get all records formatted and able to transmit to responsible parties?-needs to be formatted and ready to go and the content needs to be there

Shirley-St Bernard's in Jonesboro using an integration tool that allows them to transmit data but the integration piece is a huge problem. TI WG will have to determine how to make integration happen and BTO WG needs to keep in mind what is possible for other WGs

Gary-Children's not connected with other hospitals, some practices. Do share information regarding billing records-national database. Not used for real-time activity.

Shirley-Data normalization and standardization is another issue that will have to be resolved. Will have to pull claims data and clinical records. That is one of the challenges to be handed over to the TI WG so they can develop the integration strategies.

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Gary-This scenario gets to lots of patients who are not responsible for their own health. How do you score power of attorney documents,etc.

Kevin-I hear this is a very daunting task. Is there any effort to instead of making this perfect, we are going to capture a basic amount of information that any EMR system in the world will have and start with that rather than trying to capture every little twist? As we go down this path we agree we have to have demographic data and the come up with some basic information. I'm wondering if we are getting off track by wondering what all things we need to have in the system. Today we have nothing so we can start with something basic.

Shirley-We do need to set minimum requirements. We can change this process but the idea was to determine who needs to be involved in the process before determining what data we need.

Kevin- At some point there has to be a basic set of data and you need to start with that.

Gary- And that was why I was asking if this document were requirements.

(Nancy-will pull minimum data from other groups as a guide.)

(Sandy-Will provide the 3 quality measures CHCs started with)

Kevin-Difficulty to determine the parameters for information. Easy to make systems talk. If we define that, then we can program the systems to provide that information and that allows the doctor to say the vendors that we need this information.

Justin-In our strategic plan, how much will we be trying to accomplish in meeting Meaningful use?

Shirley-We will be trying to meet as much as possible.

Kevin-For providers to get reimbursed from ARRA, do providers have to meet all these requirements?

Jonathan- No, you will take 5 areas that are most relevant and that demonstrate you are meeting quality improvement measures. Our program have identified that we will support 500 physicians a year and will primarily focus on primary care.

Shirley-We have to determine where this data will live and how we pull it so these providers can meet these requirements.

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George-There are 2 separate projects involved with different twists.

Kim-Who will have access to this information?

Shirley-Group needs to determine who has access to patient information and what they will have access to. What will the patients' role be in terms of allowing providers to access information.

George-Would have started with insurance but since money is available for providers now, we have to start there. Need to get to bit sized. Drop out of state hospital. Start with 2 hospitals. How do you get them to exchange information that they need to? Ownership?

Gary-Most of the time, there is no exchange because of the time consumed.

Herschel- System working in non-emergency situations. Authority for the release is there and is based upon who owns those records so I would assume something similar exists.

Gary- In emergency situations you don't need that release. Providers can talk to providers and that does cross state lines. I don't think there are major legal impediments in that area.

Kevin-Can you take us through how we are going to get through this process?

Shirley- The way I envision is we start out thinking what data is available and the use cases could frame that context:

- Info to be shared
 - o Data elements-Based on what states are currently sharing with existing HIEs
 - oCategorize data elements
 - o Inventory of current data available
 - o Reconcile data elements with what is required for Meaningful Use (if we still need additional information, we need to add that to list of data elements)
 - o Need to identify players/entities involved in HIE
 - o Develop list of minimum requirements
 - o Need to free information up

This information is sent to the TI workgroup to begin to develop the technical architecture.

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Kevin- Need to see what we have available today and leverage that to see if it meets Meaningful Use.

Members with information regarding minimum data elements were asked to provide to the group. A 1 week turn around on assignments was requested of the group.

Questions to consider: How do we build on different layers?

How do entities identify people?

Building a data dictionary-HIE ID

Where will information live?

George Platt drew a diagram of the pharmacy point of service model for the group to visual how HIE takes place. Diagram: POS-switch-RX# to determine which PBM to send to-400 edits to determine coverage, demographics, pricing, diagnosis; process takes 7 seconds

Workgroup meeting schedule was discussed with tentative meetings scheduled on Tuesdays, from 10:00am - 12:00pm. Members were asked to respond to this schedule and email Shirley's availability and will review with co-chairs and will make adjustments as needed.

A Sharepoint overview was provided and the meeting was adjourned at 3:00.

Assignments:

<i>Task(s)</i>	<i>Assigned Member(s)</i>	<i>Completion Date</i>	<i>Reporting Method</i>
Send work plan, HIE models to workgroup members	Shirley Tyson	1/25/2010	Email
Send data reporting and requirements to Shirley Tyson	Workgroup members	2/3/2010	Email
	Nancy Archer		
	Sandi Ganus		
	Jerry Pack		
	Gary Wheeler		

Dependencies:

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Completed Tasks:
Next Steps: Activities defined for next meeting
Review data requirements
Develop scale/scope of HIE for the TI workgroup
Define a schedule for future workgroup meetings